

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C.H.		
O.I.P.E. CLASSIFIER	H.S.	32	10/11/01
FORMALITY REVIEW	Jk	866	07/24/01
RESPONSE FORMALITY REVIEW		835	

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	10/11/01
2	10/11/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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25-1
 25-14/01
 200
 25-612
 7-26-01